



## COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY  
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(562) 940-2501



**CALVIN C. REMINGTON**  
Interim Chief Probation Officer

December 1, 2016

TO: Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Calvin C. Remington *Felicia Cotton for*  
Interim Chief Probation Officer

SUBJECT: **YOU ARE THE DIFFERENCE FOUNDATION (LOVING LIFE) GROUP  
HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Loving Life Home, operated by You Are The Difference Foundation Incorporated, in May 2016. Loving Life Home has one (1) site, located in the Second Supervisorial District of Los Angeles County. On May 2, 2016, the second site, Loving Life Home II, also located in the Second Supervisorial District, was closed based on the Group Home Board's decision. Loving Life Home solely provides services to Los Angeles County Probation foster children. According to Loving Life Home's program statement, its purpose is to provide residential care and treatment to children who are delinquent, severely emotionally disturbed, with severe behavioral problems that require extensive social work and mental health treatment, behavioral interventions and require intense supervision.

Loving Life Home is an eight (8) bed site and is licensed to serve a capacity of eight (8) boys, 13-17 years of age. At the time of review, Loving Life Home was serving six (6) Probation foster children. Based on the sample size, the placed children's overall average length of placement was three (3) months, and their average age was 16 years old.

All six (6) Probation foster children were selected for the interview. At the time of review, there was one (1) Probation foster child that was prescribed psychotropic medication, and that case was reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged Probation foster children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

***Rebuild Lives and Provide for Healthier and Safer Communities***

### **SUMMARY**

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Loving Life Home, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Loving Life Home was in compliance with five (5) of the 10 areas of the Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Although, PPQA/GHM noted deficiencies in five (5) out of the 10 areas, there were no egregious findings or child safety issues; however, there were repeated/similar deficiencies in four (4) of the five (5) areas. In the area of Licensure/ Contract Requirements, Loving Life Home needed to ensure that their vehicles contained First-Aid kits. Additionally, Loving Life Home needed to ensure that clothing allowance logs were comprehensive and documented the Group Home's monthly payment to each child. It was noted, in the area of Facility and Environment, Loving Life Home needed to make minor repairs, and ensure that all children's bedrooms are adequately maintained.

In the area of Maintenance of Required Documentation and Service Delivery, Loving Life Home needed to ensure that all Needs and Services Plans (NSPs) have the County Worker's signature to implement the NSPs and that all Initial and Updated NSPs are comprehensive. It was noted, in the area of Personal Rights and Social/ Emotional Well-Being, Loving Life Home needed to ensure that children are free to attend religious services of their choice. In the area of Personnel Records, Loving Life Home needed to ensure that all employees, who transport children, have a valid California Driver's License.

### **REVIEW OF REPORT**

On May 26, 2016, Probation PPQA Monitor Kedra Bracken held an Exit Conference with Loving Life Home Administrator Leroy Wise. Administrator Wise agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Loving Life Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted on June 8, 2016, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. An additional follow up will be conducted for Clothing Allowance Log Documentation, NSPs and Religious Service attendance to ensure the agency's adherence to their CAP in these areas. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.



Each Supervisor  
December 1, 2016  
Page 3 of 3

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

CCR:FC  
LCM

#### Attachments

- c: Sachi A. Hamai, Chief Executive Officer
- Lori Glasgow, Executive Officer, Board of Supervisors
- John Naimo, Auditor-Controller
- Phillip L. Browning, Director, Department of Children and Family Services
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Latasha Howard, Probation Contracts
- Billie Woods, You Are The Difference Foundation, Executive Director
- Leroy Wise, You Are The Difference Foundation, Administrator
- Community Care Licensing

**YOU ARE THE DIFFERENCE FOUNDATION (LOVING LIFE) GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**LICENSE NUMBER: 191600185  
RATE CLASSIFICATION LEVEL: 10**

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: May 2016</b>
<b>I</b>	<b><u>Licensure/Contract Requirements</u></b> (9 Elements) <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Transportation Needs Met</li> <li>3. Vehicle Maintained In Good Repair</li> <li>4. Timely, Cross-Reported SIRs</li> <li>5. Disaster Drills Conducted &amp; Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Comprehensive Monetary and Clothing Allowance Logs Maintained</li> <li>8. Detailed Sign In/Out Logs for Placed Children</li> <li>9. CCL Complaints on Safety/Plant Deficiencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> </ol>
<b>II</b>	<b><u>Facility and Environment</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Areas Maintained</li> <li>3. Children's Bedrooms</li> <li>4. Sufficient Recreational Equipment/Educational Resources</li> <li>5. Adequate Perishable and Non-Perishable Foods</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> </ol>
<b>III</b>	<b><u>Maintenance of Required Documentation and Service Delivery</u></b> (10 Elements) <ol style="list-style-type: none"> <li>1. Child Population Consistent with Capacity and Program Statement</li> <li>2. County Worker's Authorization to Implement NSPs</li> <li>3. NSPs Implemented and Discussed with Staff</li> <li>4. Children Progressing Toward Meeting NSP Case Goals</li> <li>5. Therapeutic Services Received</li> <li>6. Recommended Assessment/Evaluations Implemented</li> <li>7. County Workers Monthly Contacts Documented</li> <li>8. Children Assisted in Maintaining Important Relationships</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> </ol>

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 10. Improvement Needed
IV	<b><u>Educational and Workforce Readiness</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Children Enrolled in School Within Three School Days</li> <li>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals</li> <li>3. Current Report Cards Maintained</li> <li>4. Children's Academic or Attendance Increased</li> <li>5. GH Encouraged Children's Participation in YDS/ Vocational Programs</li> </ol>	Full Compliance (ALL)
V	<b><u>Health and Medical Needs</u></b> (4 Elements) <ol style="list-style-type: none"> <li>1. Initial Medical Exams Conducted Timely</li> <li>2. Follow-Up Medical Exams Conducted Timely</li> <li>3. Initial Dental Exams Conducted Timely</li> <li>4. Follow-Up Dental Exams Conducted Timely</li> </ol>	Full Compliance (ALL)
VI	<b><u>Psychotropic Medication</u></b> (2 Elements) <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> </ol>	Full Compliance (ALL)
VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (13 Elements) <ol style="list-style-type: none"> <li>1. Children Informed of Group Home's Policies and Procedures</li> <li>2. Children Feel Safe</li> <li>3. Appropriate Staffing and Supervision</li> <li>4. GH's efforts to provide Meals and Snacks</li> <li>5. Staff Treat Children with Respect and Dignity</li> <li>6. Appropriate Rewards and Discipline System</li> <li>7. Children Allowed Private Visits, Calls and Correspondence</li> <li>8. Children Free to Attend or not Attend Religious</li> </ol>	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed



	<p>Services/Activities</p> <ol style="list-style-type: none"> <li>9. Reasonable Chores</li> <li>10. Children Informed About Their Medication and Right to Refuse Medication</li> <li>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care</li> <li>12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)</li> <li>13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)</li> </ol>	<p>9. Full Compliance          10. Full Compliance          11. Full Compliance          12. Full Compliance          13. Full Compliance</p>
VIII	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b>          (7 Elements)</p> <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity and Quality of Clothing Inventory</li> <li>3. Children's Involved in Selection of Their Clothing</li> <li>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items</li> <li>5. Minimum Monetary Allowances</li> <li>6. Management of Allowance/Earnings</li> <li>7. Encouragement and Assistance with Life Book</li> </ol>	<p>Full Compliance (ALL)</p>
IX	<p><b><u>Discharged Children</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children Discharged According to Permanency Plan</li> <li>2. Children Made Progress Toward NSP Goals</li> <li>3. Attempts to Stabilize Children's Placement</li> </ol>	<p>Full Compliance (ALL)</p>

X	<b><u>Personnel Records</u></b> (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. <u>All</u> Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance
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**YOU ARE THE DIFFERENCE FOUNDATION (LOVING LIFE) GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW  
FISCAL YEAR 2015-2016**

**SCOPE OF REVIEW**

The purpose of this review was to assess Loving Life Home's compliance with the County contract and State regulations and include a review of Loving Life Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, all six (6) placed Los Angeles County Probation foster children were selected for the sample. Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, one (1) Probation foster child was prescribed psychotropic medication. Their case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMA) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged Probation foster children's files were reviewed to assess Loving Life Home's compliance with permanency efforts.

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

**CONTRACTUAL COMPLIANCE**

The following five (5) areas were out of compliance.

**Licensure/Contract Requirements**

During an inspection of the two (2) facility vehicles at Loving Life Home, two (2) vehicles did not contain First-Aid kits.



During a review of the clothing logs, it was revealed that Loving Life Home did not document monthly clothing allowance payments in a separate column with the date of payment disbursement. It was clear that the clothing allowance was provided to the children; however, the Group Home only noted the child's clothing purchases and remaining balances on the clothing allowance logs. It should be noted that this exact same deficiency was a finding during last year's review; therefore, additional follow-ups will be conducted to ensure this is permanently corrected.

### **Recommendation**

Loving Life Home's Management shall ensure that:

1. All vehicles contain First-Aid kits.
2. All children's clothing allowance logs document a monthly disbursement.

### **Facility and Environment**

An inspection of the interiors of Loving Life Home revealed some cosmetic deficiencies that require correction.

At Loving Life Home, the following deficiencies were noted in the Children's Bedrooms: Bedroom #2 had a missing light fixture cover; Bedroom #4 had a missing light fixture cover and peeling paint was observed on the windowsill.

### **Recommendation**

Loving Life Home's Management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the Children's Bedrooms are corrected and repaired in a timely fashion. In addition, the children's bedrooms are to be maintained daily.

### **Maintenance of Required Documentation and Service Delivery**

Six (6) of the children's files were reviewed for Needs and Services Plans (NSPs), and of those, only four (4) children were placed long enough to have any Updated NSPs in their file. Therefore, only four (4) of the children had Updated NSPs reviewed, and two (2) of the children had only Initial NSPs reviewed.

Of the 10 Initial and Updated NSPs reviewed, one (1) initial NSP and one (1) updated NSP lacked the County worker's authorization to implement the NSPs,

as well as the Group Home's documentation to obtain the County worker's signatures.

Of the six (6) Initial NSPs reviewed, one (1) Initial NSP lacked comprehension. It was deemed non-comprehensive due to the following: the Mental Health section lacked PMA information; the Education section lacked a detailed explanation for the lack of school enrollment within three days; Outcome Goal #1 did not articulate an achievable goal for the child; Outcome Goals #2 and #3 did not specify measurable timelines for the child to achieve the goals.

Of the four (4) Updated NSPs reviewed, one (1) Updated NSP lacked comprehension. This NSP was deemed non-comprehensive due to the following: the "Reason For Placement" section did not address the youth's specific behaviors; the Education and Outcome Goal sections were not updated.

### **Recommendation**

Loving Life Home's Management shall ensure that:

1. The Group Home treatment team will make certain that all County Worker's signatures authorizing implementation of the NSP are documented on the NSP.
2. The Group Home treatment team will develop comprehensive Initial NSPs, with the participation of the developmentally age-appropriate child.
3. The Group Home treatment team will develop comprehensive Updated NSPs, with the participation of the developmentally age-appropriate child.

### **Personal Rights and Social/Emotional Well-Being**

During the interview process, one (1) of the six (6) children stated that they are unable to attend church. The child reported that when he asks to go to church, he is told that there is not enough staff available to take him.

### **Recommendation**

Loving Life Home's Management shall ensure that:

1. Children are allowed to attend religious services of their choice and that staff are available to transport them.



### **Personnel Records**

Upon reviewing a sample of Loving Life Home's Personnel files, one (1) of the five (5) employees did not have a valid California Driver's License. The employee had a valid Tennessee Driver's License, and on May 31, 2016, the employee was scheduled to attend an appointment at the California Department of Motor Vehicles to obtain a valid license.

### **Recommendation**

Loving Life Home's Management shall ensure that:

1. All employees, that transport children, have a valid California Driver's License in their file.

### **PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

PPQA/GHM's last compliance report dated December 3, 2015, identified 11 recommendations.

### **Results**

Based on the follow-up, Loving Life Home implemented six (6) of the 11 previous recommendations for which they were to ensure that:

- All of the physical deficiencies previously cited in the Group Home's Exterior were corrected and repaired.
- All of the physical deficiencies previously cited in the Group Home's Common areas were corrected and repaired.
- All of the physical deficiencies previously cited in the Group Home's Children's Bedrooms were corrected and repaired.
- All children are provided with an Initial Dental Examination by a dentist within 30 days of placement.
- All children are provided with a Follow-up Dental Examination by a dentist.
- All necessary paperwork and documents to verify each employee's educational/experience qualifications and training are to be included in their personnel files.



However, the follow-up revealed that Loving Life Home failed to implement five (5) of the previous 11 recommendations for which they were to ensure that:

- All children's files have accurate clothing allowance records, which include current ledger accounting with columns for income and disbursements, as well as documenting the full balance for each child.
- The Group Home treatment team will ensure that all County workers' signatures authorizing implementation of the NSPs are documented on the NSPs.
- The Group Home treatment team shall develop comprehensive, initial NSPs with the participation of the developmentally age-appropriate child.
- The Group Home treatment team shall develop comprehensive, updated NSPs with the participation of the developmentally age-appropriate child.
- All attendance or non-attendance to religious services shall be on a voluntary basis, regardless of staffing issues.

**MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER**

A current fiscal review of Loving Life Home by the Auditor Controller was conducted during the 2014-2015, fiscal year. A report has not yet been posted by the Auditor Controller.



## **Loving Life Home**

700 S. Burris Ave Compton, CA 90221 (310) 608-0150 office (310) 608-6920 fax

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June 29, 2016,

Dear DPO Bracken,

This Corrective Action Plan is a response to the exit conference for Loving Life Home on May 26, 2016.

### **Licensure/Contract Requirements**

- I. Vehicles 1 and 2 did not contain first aid kits.

The first aid kits for vehicles 1 and 2 were on site; however, Child Care staff failed to place the first aid kits back in the vehicles before they utilized the vehicles, nor did the Facility Manager ensure that this was happening.

As a result of the deficiency, a vehicle checklist (Please see attached) has been created to ensure that all essential documents and safety items are always present in the vehicles that transport youth. On June 18, 2016, a staff training was conducted on vehicle safety and operating procedures. (Please see attached agenda and roster of the training.)

The Facility Manager will inspect both vehicles twice a week, to make certain that the Child Care staff are following the vehicle protocols and that first aid kits are always present in the facility vehicles. Additionally, the Administrator will review the vehicle checklist on a monthly basis to ensure that the Facility Manager is in compliance with following up on the vehicle inspections.

- II. Clothing logs do not document the monthly \$50 deposits of the Group Home to the youth, they only document clothing allowance withdrawals.

There was a misunderstanding as to what was required on the clothing allowance form. We were under the impression that we just needed to add a column showing the balance to be

carried over. We realize that we were incorrect, so we have taken the appropriate measures to correct this deficiency.

As a result of the deficiency, a new column was added to the clothing allowance log depicting the monthly \$50 deposits for each youth.

The Administrator will review the clothing logs on a monthly basis to ensure that the documentation is accurate and comprehensive, according to Title 22 standards and the County contract.

### **Facility and Environment**

- I. The following deficiencies were noted in the children's bedrooms: Bedroom #2: Light fixture cover missing; and Bedroom #4: Light cover missing and windowsill had peeling paint.

Damaged furniture and every day wear and tear are ongoing issues that we try to identify on a daily basis. On May 13, 2016, the light covers were replaced and the windowsill was sanded and repainted.

As a result of this deficiency, Child Care staff will document cosmetic damages in the shift change and the communication logs on a daily basis. The Facility Manager will conduct a (weekly) facility inspection and review the communication log to make certain that all damages have been reported and corrected.

The Director will review the communication logs and the facility on a (bi-weekly) basis to make certain that the Facility Manager has reported all damages and that they are repaired in a timely manner.

### **Maintenance of Required documentation and Service Delivery**

- I. Two Needs and Service Plans (NSPs) lacked the County worker's authorization to implement the NSPs, as well as the Group Home's documentation to obtain the County worker's signatures.
  - At the time these two (NSPs) were completed the DPO of record was out on leave, and the caseworker was unaware that the DPO who was filling in could sign for the DPO of record.
  - After an NSP is completed and reviewed by the treatment team, the Facility Manager will insure that all essential signatures needed for the signature page are obtained.



- II. One initial NSP lacked comprehension due to the following reasons: The Mental Health section lacked Psychotropic Medication Authorization (PMA) information; the Education section lacked a detailed explanation for the lack of school enrollment; one Outcome Goal did not articulate an achievable goal for the child; and two Outcome Goals did not specify measurable timelines for the child to achieve the goals.
- The PMA information was missing from the NSP, due to the Group Home not receiving the PMA from the court. At the time of the completion of the NSP, we were still awaiting the PMA to be sent from the court. To ensure that the PMAs and all other documents needed to complete an NSP are present, the Case Worker will notify the Facility Manager and or Administrator to gather all documents needed to complete the NSP. The Facility Manager and or Administrator, with the help of a checklist (please see attachment), will be able to ensure that all documents needed for the NSP are present. In the future, if the PMA is not available at the time of the completion of the NSP, the information to obtain the PMA will be noted in the NSP. Once every two weeks, the Facility Manager will review each resident's file to ensure that all essential documents are present.
  - The Education section lacked a detailed explanation for the lack of school enrollment because it was determined that the child would need a smaller school setting than a regular public high school. However, during the enrollment process the child went AWOL. This information was not documented on the NSP due to an oversight by the Case Worker. A School Admittance Update Form (please see attachment) has been created to document the school enrollment process. During the enrollment process of a new resident, the Facility Manager as well as the School Liaison will ensure the School Admittance Update Form has been completed in a timely matter, and then placed in the resident's file.
  - After reviewing the Outcome goal with the treatment team, we are in agreement that the current structure of the goal would not be achievable for the child. This was an oversight by the Case Worker. The Outcome goals will be modified in order to give the child the opportunity to gradually reach the desired level expectation with a reasonable timeline. Going forward, for every NSP the treatment team will review all goals thoroughly before they are inserted into the NSP. This will help to ensure that they are properly constructed for attainability, and that they meet the "smart" goal standards.
  - It was the Case worker's belief that the use of percentages to measure the progress of the youth's ability to reach and accomplish each goal was a feasible method.

However, after careful examination of the goals by the treatment team, we are in agreement that the use of percentages to track the progress of these two particular goals was not an adequate method. The goals will be modified to a more simplistic format with reasonable timelines. The percentage format that was used to measure progress will be removed and replaced with a (times per week) format. Going forward, for every NSP, the treatment team will review all goals thoroughly before they are inserted into the NSP to help ensure that they are properly constructed for attainability, and that they meet the "smart" goal standards

III. One updated NSP lacked comprehension due to the following: the reason for placement section did not address the youth's specific behaviors; and the Education and Outcome Goal sections were not updated.

- The reason for placement did not address the youth's specific behaviors due to there being no prior assessment and minimum court information available to the Group Home. The youth also did not have any contact with his parents and was not completely forthcoming about his past information. In the future we will use a more aggressive approach when it comes to researching past history of a youth who comes to us with little or no background information. When a new resident arrives with limited background information, the administrator will assign the Facility Manager to start the search and recovery process by contacting previous placements, probation officers, as well as the parent or legal guardian. Once the information is gathered and brought back to the Administrator, it will then be passed on to the Case Worker.
- The Education section was not updated due to the youth attending school for a small amount of time. However, the Education section could have been updated with the limited amount of information provided by the classroom teacher. The Case Worker deemed that the slight information given by the teacher was insignificant at the time the NSP was submitted. In our inherent protocol, the Case Worker has been instructed to approach completing NSPs with an objective lens. Ultimately, regardless of how slight the information, it is to be reported in the NSP. Before an NSP is submitted, it will be reviewed and compared to the previous NSP by the treatment team to ensure that all updates have been made.
- The Outcome goal sections were not updated because the youth did not achieve the goals. However, the Social Worker failed to address the modification section, and did not provide a modified completion date. The Social Worker will be held accountable to review goals on a weekly basis, to ascertain appropriateness which



include any goal modifications needed. The Social Worker will also elicit feedback from the youth and Child Care staff to determine outcomes of the "smart" goals on a weekly basis. Before an NSP is submitted, it will be reviewed and compared to the previous NSP by the treatment team to ensure that all updates have been made.

### **Personal Rights and Social/Emotional Well-Being**

- I. One child reported that he is not allowed to go to church, because staff is not available to take him.

All residents are encouraged and extended an invitation to attend church weekly. On the other hand, Child Care staff is aware that they cannot force the youth to attend religious services. When the youth are orientated to the Group Home's program, they are informed about their right to attend the church services of their choice. Additionally, it is permitted that the youth may have their personal clergy visit them at the Group Home.

On July 16, 2016, staff training will be conducted to reiterate the Group Home's policy in always allowing the youth to attend the religious services of their choice. On July 01, 2016, a meeting will be conducted to remind the youth that they can always attend church or have their personal clergy visit the facility.

The Administrator will ensure that there are a sufficient amount of Child Care staff available, should the youth want to attend church services. We will continue to provide each youth an open invitation to attend the church of their choice, or have their own personal clergy visit them at the Group Home.

### **Personnel Records**


- I. One employee had an invalid California driver's license.

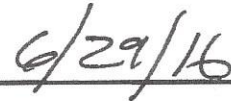
This was a past employee in good standings who relocated to Tennessee and obtained a Tennessee Driver's License. On date of hiring employee was requested to obtain a new California Driver License. Throughout employee's forty hours of training and continued on site shifts employee did not transport youth until valid California Driver License was obtained.

At the end of every month the Administrator will monitor staff files to ensure that all employees have a valid California Drivers License and all files are in compliance.



This is to certify that the enclosed Corrective Action Plan has been approved by the Executive Director of Loving Life Home as well as distributed to all affected staff and Administration. On June 24, 2016 this Corrective Action Plan was submitted to DPO Kedra Frelix of the Los Angeles County Probation Department Group Home Monitoring Unit.

  
\_\_\_\_\_  
Administrator

  
\_\_\_\_\_  
Date